

Alcohol & Drug Abuse Counselor Licensing Rules

I. Purpose of Rules

These Rules are meant to implement the provisions of Title 33, chapter 8 of the Vermont Statutes Annotated (VSA)

II. Requirements for Licensure

To be eligible for licensure as an Alcohol and Drug Abuse Counselor, an applicant must:

- A. Have received a master's degree or doctorate in a human services field from an accredited educational institution, including degrees in counseling, social work, psychology or in an allied mental health field, or a master's degree or higher in a health care profession regulated under Title 33 or Title 26, after having successfully completed a course of study with course work, including theories of human development, diagnostic and counseling techniques, and professional ethics, and which includes a supervised clinical practicum, and
- B. Have been awarded an Approved Counselor credential from the Division of Alcohol and Drug Abuse Programs in accordance with these rules.

III. Approved Counselor Credential

Counselors who have been certified at the reciprocal level by a member board of the International Certification & Reciprocity Consortium/Alcohol & Other Drug Abuse, Inc. (IC & RC) may be accepted for an Approved Counselor credential from the Division of Alcohol and Drug Abuse programs. The Division Director will periodically monitor the standards of the IC & RC to assure adequacy. The kind of IC & RC certification received will depend on factors such as experience and training. As of the date of adoption of these rules, IC & RC's address is the one given below, but license applicants should check with the Division of Alcohol and Drug Abuse Programs to make certain that they have the current address for IC & RC:

International Certification & Reciprocity Consortium Alcohol & Other Drug Abuse, Inc. PO Box 14148 Research Triangle Park, NC 27709-4148 Telephone: (919) 572-6823 Fax: (919) 361-0365 <http://www.icrcaoda.org>

IV. Continuing Education Credit

A. Requirement for Continuing Education

Licenses shall be renewed every two years upon payment of the required fee under statute, provided the person applying for renewal completes at least 40 hours of continuing education approved by the Director of the Division of Alcohol and Drug Abuse Programs and there is no other problem with renewal. Counselors who present verification of current certification by a member board of the IC&RC will be deemed to have met this continuing education requirement.

B. Guidelines and Criteria for Continuing Education Credit

Only 50% (20 hours) of the total hours of continuing education may be carried over from the last licensing period (if they were not used then) into the current period. Hours which are carried over must have been obtained in the last year of the last licensing period. It is also expected that the applicant will be able to show how on-going clinical support has been achieved.

Education/training must consist of a minimum of 40 hours within the last two years. Those clock hours must be comprised of the following:

1. Workshops, conferences, and seminars - a minimum of 70 percent of the 40 hours, or 28 hours.
2. In-service hours may be used for a maximum of 15 in-service hours at a 33 1/3 percent credit rate; that is, for every three hours of in-service training, only one hour may be used for credit. In service is defined as the education and training which occurs within the counselor's agency, for agency staff. The education and training must be specific to the field of alcohol and drug abuse treatment. Training which is non-specific to alcohol and/or drug abuse training may be used but only with a thorough justification as to its relation to the field. One hour of credit is allowed for every 3 hours of in-service training with a limit of 15 hours total for credentialing or recredentialing. Supervision, staff meetings, or case conferences are not deemed eligible for hour credit. Documentation of in-service training will consist of a written statement from the employer stating the number of contact hours attended by the employee.
3. Teaching hours: Up to 15 of the 40 required hours may be earned while teaching an approved training event. Credit for teaching is on a 50 percent basis, i.e. one hour of licensing credit for every two hours of teaching.

Guidelines for approval for trainings eligible for credentialing and recredentialing as a licensed/certified alcohol and drug abuse counselor consist of the following:

- a) The topic of the training must be appropriate to the needs of an alcohol and drug abuse counselor.
- b) The training must address the 12 core functions of an IC & RC Counselor (Attachment A).
- c) The trainer (presenter) must have demonstrated competence in the subject of the training.
- d) The number of hours requested must be no greater than the actual number of hours in training.

V. Ethical Standards

Vermont alcohol and drug abuse counselors must comply with the conduct standards listed at 3 VSA § 129a and 33 VSA § 810. Attachment B of this Rule is designed to further describe specific principles of moral fitness and behavioral standards under 33 VSA § 810(3).

(Attachment A) IC&RC COUNSELOR CORE FUNCTIONS

1) Screening - The process by which the client is determined appropriate and eligible for admission to a particular program.

a) Evaluate psychological, social, and physiological signs and symptoms of alcohol and other drug use and abuse.

b) Determine the client's appropriateness for admission or referral.

c) Determine the client's eligibility for admission or referral.

d) Identify any coexisting conditions (medical, psychiatric, physical, etc.) that indicate need for additional professional assessment and/or services.

e) Adhere to applicable laws, regulations and agency policies governing alcohol and other drug abuse services.

2) Intake - The administrative and initial assessment procedures for admission to a program.

a) Complete required documents for admission to the program.

b) Complete required documents for eligibility and appropriateness.

c) Obtain appropriately signed consents when soliciting from or providing information to outside sources to protect confidentiality and rights.

3) Orientation - Describing to the client the following; general nature and goals of the program; rules governing client conduct and infractions that can lead to a disciplinary action or discharge from the program; in a non-residential program, the hours during which services are available; treatment costs to be borne by the client, if any; and client rights.

a) Provide an overview to the client by describing program goals and objectives for client care.

b) Provide an overview to the client by describing program rules, and client obligations and rights.

c) Provide an overview to the client of program operations.

4) Assessment - Those procedures by which a counselor/program identifies and evaluates an individual's strengths, weaknesses, problems, and needs for the development of the treatment plan.

a) Gather relevant history from client including but not limited to alcohol and other drug abuse using appropriate interview techniques.

b) Identify methods and procedures for obtaining corroborative information from significant secondary sources regarding clients' alcohol and other drug abuse and psycho-social history.

c) Identify appropriate assessment tools.

d) Explain to the client the rationale for the use of assessment techniques in order to facilitate understanding.

e) Develop a diagnostic evaluation of the client's substance abuse and any coexisting conditions based on the results of all assessments in order to provide an integrated approach to treatment planning based on the client's strengths, weaknesses, and identified problems and needs.

5) Treatment Planning - Process by which the counselor and the client identify and rank problems needing resolution; establish agreed upon immediate and long term goals; and decide on a treatment process and the resources to be utilized.

a) Explain assessment results to client in an understandable manner.

b) Identify and rank problems based on individual client needs in the written treatment plan.

c) Formulate agreed upon immediate and long-term goals using behavioral terms in the written treatment plan.

d) Identify the treatment methods and resources to be utilized as appropriate for the individual client.

6) Counseling (Individual, Group, and Significant Others). - The utilization of special skills to assist individuals, families, or groups in achieving objectives through exploration of a problem and its ramifications; examination of attitudes and feelings; consideration of alternative solutions; and decision making.

a) Select the counseling theory(ies) that apply(ies).

b) Apply technique(s) to assist the client, group, and/or family in exploring problems and ramifications.

c) Apply technique(s) to assist the client, group, and/or family in examining the client's behavior, attitudes, and/or feelings if appropriate in the treatment setting.

d) Individualize counseling in accordance with cultural, gender, and lifestyle differences.

e) Interact with the client in an appropriate therapeutic manner.

f) Elicit solutions and decisions from the client.

g) Implement the treatment plan.

7) Case Management - Activities which bring services, agencies, resources, or people together within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contacts.

- a) Coordinate services for client care.
- b) Explain the rationale of case management activities to the client.

8) Crisis Intervention - Those services which respond to an alcohol and/or other drug abuser's needs during acute emotional and/or physical distress.

- a) Recognize the elements of the client crisis.
- b) Implement an immediate course of action appropriate to the crisis.
- c) Enhance overall treatment by utilizing crisis events.

9) Client Education - Provision of information to individuals and groups concerning alcohol and other drug abuse and the available services and resources.

- a) Present relevant alcohol and other drug use/abuse information to the client through formal and/or informal processes.
- b) Present information about available alcohol and other drug services and resources.

10) Referral - Identifying the needs of the client that cannot be met by the counselor or agency and assisting the client to utilize the support systems and community resources available.

- a) Identify need(s) and/or problem(s) that the agency and/or counselor cannot meet.
- b) Explain the rationale for the referral to the client.
- c) Match client needs and/or problems to appropriate resources.
- d) Adhere to applicable laws, regulations, and agency policies governing procedures related to the protection of the client's confidentiality.
- e) Assist the client in utilizing the support systems and community resources available.

11) Reports and Record keeping - Charting the results of the assessment and treatment plan, writing reports, progress notes, discharge summaries, and other client-related data.

- a) Prepare reports and relevant records integrating available information to facilitate the continuum of care.
- b) Chart pertinent on-going information pertaining to the client.

c) Utilize relevant information from written documents for client care.

12) Consultation with other professionals in regard to client treatment/services. - Relating with our own and other professionals to assure comprehensive, quality care for the client.

a) Recognize issues that are beyond the counselor's base of knowledge and/or skill.

b) Consult with appropriate resources to ensure the provision of effective treatment services.

c) Adhere to applicable laws, regulations, and agency policies governing the disclosure of client-identifying data.

d) Explain the rationale for the consultation to the client, if appropriate.

(Attachment B) Ethical Standards for Alcohol & Drug Abuse Counselors

Professional alcohol and drug abuse counselors are responsible health care professionals who believe in the dignity and worth of human beings. In the practice of their profession they assert that the ethical principles of autonomy, beneficence and justice must guide their professional conduct. As professionals dedicated to the treatment of alcohol and drug dependent clients and their families, they believe that they can effectively treat its individual and familial manifestations. Professional alcoholism and drug abuse counselors dedicate themselves to promote the best interests of their society, of their clients, of their profession and of their colleagues.

SPECIFIC PRINCIPLES

Principle 1: Non-Discrimination

The Professional alcohol and drug abuse counselor shall not discriminate against clients or professionals based on race, religion, age, gender, disability, national ancestry, sexual orientation or economic condition.

a. The Professional alcohol and drug abuse counselor shall avoid bringing personal or professional issues into the counseling relationship. Through an awareness of the impact of stereotyping and discrimination, the counselor guards the individual rights and personal dignity of clients.

b. The Professional alcohol and drug abuse counselor shall be knowledgeable about disabling conditions, demonstrate empathy and personal emotional comfort in interactions with clients with disabilities, and make available physical, sensory and cognitive accommodations that allow clients with disabilities to receive services.

Principle 2: Responsibility

The Professional alcohol and drug abuse counselor shall espouse objectivity and integrity, and maintain the highest standards in the services the counselor offers.

- a. The Professional alcohol and drug abuse counselor shall maintain respect for institutional policies and management functions of the agencies and institutions within which the services are being performed, but will take initiative toward improving such policies when it will better serve the interest of the client.
- b. The Professional alcohol and drug abuse counselor, as educator, has a primary obligation to help others acquire knowledge and skills in dealing with the disease of alcoholism and drug abuse.
- c. The Professional alcohol and drug abuse counselor who supervises others accepts the obligation to facilitate further professional development of these individuals by providing accurate and current information, timely evaluations and constructive consultation.
- d. The Professional alcohol and drug abuse counselor who is aware of unethical conduct or of unprofessional modes of practice shall report such inappropriate behavior to the appropriate authority.

Principle 3: Competence

The Professional alcohol and drug abuse counselor shall recognize that the profession is founded on national standards of competency which promote the best interests of society, of the client, of the counselor and of the profession as a whole. The Professional alcohol and drug abuse counselor shall recognize the need for ongoing education as a component of professional competency.

- a. The Professional alcohol and drug abuse counselor shall recognize boundaries and limitations of the counselor's competencies and not offer services or use techniques outside of these professional competencies.
- b. The Professional alcohol and drug abuse counselor shall recognize the effect of impairment on professional performance and shall be willing to seek appropriate treatment for oneself or for a colleague. The counselor shall support peer assistance programs in this respect.

Principle 4: Legal and Moral Standards

The Professional alcohol and drug abuse counselor shall uphold the legal and accepted moral codes which pertain to professional conduct.

- a. The Professional alcohol and drug abuse counselor shall be fully cognizant of all federal laws and laws of the counselor's respective state governing the practice of alcoholism and drug abuse counseling.
- b. The Professional alcohol and drug abuse counselor shall not claim either directly or by implication, professional qualifications/affiliations that the counselor does not possess.
- c. The Professional alcohol and drug abuse counselor shall ensure that products or services associated with or provided by the counselor by means of teaching, demonstration, publications or other types of media meet the ethical standards of this code.

Principle 5: Public Statements

The Professional alcohol and drug abuse counselor shall honestly respect the limits of present knowledge in public statements concerning alcoholism and drug abuse.

a. The Professional alcohol and drug abuse counselor, in making statements to clients, other professionals, and the general public shall state as fact only those matters which have been empirically validated as fact. All other opinions, speculations, and conjecture concerning the nature of alcoholism and drug abuse, its natural history, its treatment or any other matters which touch on the subject of alcoholism and drug abuse shall be represented as less than scientifically validated.

b. The Professional alcohol and drug abuse counselor shall acknowledge and accurately report the substantiation and support for statements made concerning the nature of alcoholism and drug abuse, its natural history, and its treatment. Such acknowledgment should extend to the source of the information and reliability of the method by which it was derived.

Principle 6: Publication Credit

The Professional alcohol and drug abuse counselor shall assign credit to all who have contributed to the published material and for the work upon which the publication is based.

a. The Professional alcohol and drug abuse counselor shall recognize joint authorship and major contributions of a professional nature made by one or more persons to a common project. The author who has made the principal contribution to a publication must be identified as first author.

b. The Professional alcohol and drug abuse counselor shall acknowledge in footnotes or in an introductory statement minor contributions of a professional nature, extensive clerical or similar assistance and other minor contributions.

c. The Professional alcohol and drug abuse counselor shall in no way violate the copyright of anyone by reproducing material in any form whatsoever, except in those ways which are allowed under the copyright laws. This involves direct violation of copyright as well as the passive assent to the violation of copyright by others.

Principle 7: Client Welfare

The Professional alcohol and drug abuse counselor shall promote the protection of the public health, safety and welfare and the best interest of the client as a primary guide in determining the conduct of all Professional alcohol and drug abuse counselors.

a. The Professional alcohol and drug abuse counselor shall disclose the counselor's code of ethics, professional loyalties and responsibilities to all clients.

b. The Professional alcohol and drug abuse counselor shall terminate a counseling or consulting relationship when it is reasonably clear to the counselor that the client is not

benefiting from the relationship.

c. The Professional alcohol and drug abuse counselor shall hold the welfare of the client paramount when making any decisions or recommendations concerning referral, treatment procedures or termination of treatment.

d. The Professional alcohol and drug abuse counselor shall not use or encourage a client's participation in any demonstration, research or other non-treatment activities when such participation would have potential harmful consequences for the client or when the client is not fully informed. (See Principle 9)

e. The Professional alcohol and drug abuse counselor shall take care to provide services in an environment which will ensure the privacy and safety of the client at all times and ensure the appropriateness of service delivery.

Principle 8: Confidentiality

The Professional alcohol and drug abuse counselor working in the best interest of the client shall embrace, as a primary obligation, the duty of protecting client's rights under confidentiality and shall not disclose confidential information acquired in teaching, practice or investigation without appropriately executed consent.

a. The Professional alcohol and drug abuse counselor shall provide the client his/her rights regarding confidentiality, in writing, as part of informing the client in any areas likely to affect the client's confidentiality. This includes the recording of the clinical interview, the use of material for insurance purposes, the use of material for training or observation by another party.

b. The Professional alcohol and drug abuse counselor shall make appropriate provisions for the maintenance of confidentiality and the ultimate disposition of confidential records. The counselor shall ensure that data obtained, including any form of electronic communication, are secured by the available security methodology. Data shall be limited to information that is necessary and appropriate to the services being provided and be accessible only to appropriate personnel.

c. The Professional alcohol and drug abuse counselor shall adhere to all federal and state laws regarding confidentiality and the counselor's responsibility to report clinical information in specific circumstances to the appropriate authorities.

d. The Professional alcohol and drug abuse counselor shall discuss the information obtained in clinical, consulting, or observational relationships only in the appropriate settings for professional purposes that are in the client's best interest. Written and oral reports must present only data germane and pursuant to the purpose of evaluation, diagnosis, progress, and compliance. Every effort shall be made to avoid undue invasion of privacy.

e. The Professional alcohol and drug abuse counselor shall use clinical and other material in teaching and/or writing only when there is no identifying information used about the parties involved.

Principle 9: Client Relationships

It is the responsibility of the Professional alcohol and drug abuse counselor to safeguard the integrity of the counseling relationship and to ensure that the client has reasonable access to effective treatment. The Professional alcohol and drug abuse counselor shall provide the client and/or guardian with accurate and complete information regarding the extent of the potential professional relationship.

- a. The Professional alcohol and drug abuse counselor shall inform the client and obtain the client's agreement in areas likely to affect the client's participation including the recording of an interview, the use of interview material for training purposes, and/or observation of an interview by another person.
- b. The Professional alcohol and drug abuse counselor shall not engage in professional relationships or commitments that conflict with family counselors, friends, close associates, or others whose welfare might be jeopardized by such a dual relationship.
- c. The Professional alcohol and drug abuse counselor shall not exploit relationships with current or former clients for personal gain, including social or business relationships.
- d. The Professional alcohol and drug abuse counselor shall not under any circumstances engage in sexual behavior with current or former clients.
- e. The Professional alcohol and drug abuse counselor shall not accept as clients anyone with whom they have engaged in sexual behavior.

Principle 10: Interprofessional Relationships

The Professional alcohol and drug abuse counselor shall treat colleagues with respect, courtesy, fairness, and good faith and shall afford the same to other professionals.

- a. The Professional alcohol and drug abuse counselor shall refrain from offering professional services to a client in counseling with another professional except with the knowledge of the other professional or after the termination of the client's relationship with the other professional.
- b. The Professional alcohol and drug abuse counselor shall cooperate with duly constituted professional ethics committees and promptly supply necessary information unless constrained by the demands of confidentiality.
- c. The Professional alcohol and drug abuse counselor shall not in any way exploit relationships with supervisees, employees, students, research participants or volunteers.

Principle 11: Remuneration

The Professional alcohol and drug abuse counselor shall establish financial arrangements in professional practice and in accord with the professional standards that safeguard the best interests of the client first, and then of the counselor, the agency, and the profession.

- a. The Professional alcohol and drug abuse counselor shall inform the client of all financial policies. In circumstances where an agency dictates explicit provisions with its staff for private consultations, clients shall be made fully aware of these policies.
- b. The Professional alcohol and drug abuse counselor shall consider the ability of a client to meet the financial cost in establishing rates for professional services.
- c. The Professional alcohol and drug abuse counselor shall not engage in fee splitting. The counselor shall not send or receive any commission or rebate or any other form of remuneration for referral of clients for professional services.
- d. The Professional alcohol and drug abuse counselor, in the practice of counseling, shall not at any time use one's relationship with clients for personal gain or for the profit of an agency or any commercial enterprise of any kind.
- e. The Professional alcohol and drug abuse counselor shall not accept a private fee for professional work with a person who is entitled to such services through an institution or agency unless the client is informed of such services and still requests private services.

Principle 12: Societal Obligations

The Professional alcohol and drug abuse counselor shall to the best of his/her ability actively engage the legislative processes, educational institutions, and the general public to change public policy and legislation to make possible opportunities and choice of service for all human beings of any ethnic or social background whose lives are impaired by alcoholism and drug abuse.

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The National Association of Alcoholism and Drug Abuse Counselors code of ethics. Language is identical except that reference to NAADAC members was replaced with "professional alcohol and drug abuse counselor". Statutory Authority: 33 V.S.A. § 805 (b)

Effective Date: April 23, 2001 (Secretary of State Rule Log # 01-18)